

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/889 628**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
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50						
TOTAL IND.			1			
TOTAL DEP.			0			
TOTAL CLAIMS			1			

*			*		
IND.	DEP.	IND.	DEP.	IND.	DEP.
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98					
99					
100					
TOTAL IND.			1		
TOTAL DEP.			0		
TOTAL CLAIMS			1		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS